

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. Siddiq
 Bullock County Correctional Fac
 PO Box 5107
 Union Springs, AL 36089-5107

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

06CV1115

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carey Culver
 Agent
 Addressee

B. Received by (Printed Name)

*Carey Culver*C. Date of Delivery
12/21/06

D. Is delivery address different from item 1?

 Yes
 If YES, enter delivery address below:
 No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7005 1160 0001 2962 0556

Domestic Return Receipt

102595-02-M-15dn